



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: HAMMOND COMMUNITY AMBULATORY CARE CENTER

Street Address: 2143 Calumet Avenue

City: Whiting

County: Lake

Administrator Name: Bharati Patel, M.D.

Administrator Email: bharatipatel52@yahoo.com

ASC Web Address:

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: HFAP

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	440	440
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62323	29	
20553	27	
64636	25	
64494	14	
64635	13	
45378	12	
64493	12	

64495	10
17270	5
64490	3

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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